



the compassion to care, the leadership to conquer

**Committee on Aging
Public Hearing
Tuesday, February 1, 2011**

Written Testimony of Laurie Julian, Director of Public Policy, Alzheimer's Association, CT Chapter (The Association)

Senator Prague, Representative Serra and distinguished members of the Committee on Aging, thank you for allowing me to submit testimony on several bills that are before you today on behalf of the Alzheimer's Association, CT Chapter.

The Alzheimer's Association is a donor supported, non-profit organization serving the needs of families, health care professionals and those individuals who are affected with Alzheimer's disease and related dementias. The Association provides information and resources, support groups, education and training, and a 24 hour, 7 day a week Helpline.

HB 774 An Act Raising the Eligibility for the Alzheimer's Respite Program

In Connecticut, there are over 70,000 citizens with Alzheimer's or other related dementia and more than 113,000 caregivers. Since its inception, the Statewide Respite Care Program has continued to be a success and provides the resources to a caregiver to establish an effective plan of care for the individual with Alzheimer's Disease and allows the family caregiver much needed periods of respite to care for their loved-ones. In Connecticut, caregivers provide over \$1.6 billion in uncompensated services and endure significant physical and mental stress and truly are the backbone of the long-term care system.

The income eligibility for an individual with Alzheimer's or a related dementia was raised to \$41,000.00/year from \$30,000.00 on July 1, 2009. The program is currently funded at \$2.3 million a year.

Despite the limitations on the closure of the program for most of FY'10, outcome measures demonstrated a high level of satisfaction from program participants and assisted the client in remaining at home during some portion of the program year or the entire program year. The program was effective in improving the caregiver and client's quality of life and reducing caregiver stress, 91% of the time.

One argument in opposition to this legislation is that in raising the eligibility amount to \$50,000.00, the most financially needy may not receive grants. Unfortunately, due to the budget crisis, there is limited funding for the program and many of the Areas on Aging are at risk of depleting funds. However, it is important for families in a crisis to obtain an assessment of their situation and receive appropriate support services.

SB 775 and HB 6155 An Act Increasing Eligibility for the Home Care Program for Elders and An Act Reducing the Individual Contribution under the State funded Home Care Program for the Elderly

The Association supports the intent of these bills to give consumers a chance to reside in the community at the most cost-effective option. According to the Home Care Program for Elders 2009 Annual Report, twenty-two percent of the recipients in the program have dementia. The Home Care Program is an essential part of the long-term care safety-net. As the Department of Social Services notes, the Alzheimer's Respite Program is not meant to be a home care program. For many clients, the Home Care Program has allowed them to remain at home with its support services.

SB 366 An Act Concerning Funding for Adult Day Care Centers

The Association supports this bill to increase funding for Adult Day Care Centers. The centers provide a crucial service to Alzheimer's patients. The most popular service under the Alzheimer's Respite Program continues to be Adult Day Care. Moreover, the centers not only provide relief for the caregiver, but many studies have shown the health benefits of socialization in preventing depression and isolation in the older adult.

The following was included in the Department of Social Services' End of Year Report on the Connecticut Statewide Respite Care Program July 1, 2009-June 30, 2010:

- *The Governor's Office ordered a close on intake to new clients effective May 11, 2009. While clients who had received services in the prior year were eligible to receive services, a further restriction was added effective January 26, 2010 that capped service levels at the prior year's amounts unless clients had already received services at that time, or were currently receiving services in a designated, approved care plan. Intake was not reopened until May 1, 2010. As evidenced above, the performance of project partners during this challenging year has been exemplary. Despite the many limitations imposed this year, outcome measures demonstrated a high level of satisfaction from program participants. The affirmative responses were as follows:*
- ***Were the Program services beneficial in assisting the client in remaining at home during some portion of the Program year? 88%***
- ***Was the Care Recipient able to remain home for the entire Program year? 85%***
- ***Was the Program effective in improving the caregiver and client's quality of life and reducing caregiver stress? 91%***

Number of Clients Served

9/1/98-6/30/99	202
7/1/99-6/30/00	422
7/1/00-6/30/01	510
7/1/01-6/30/02	491
7/1/02-6/30/03	490
7/1/03-6/30/04	534
7/1/04-6/30/05	555
7/1/05-6/30/06	558
7/1/06-6/30/07	656
7/1/07-6/30/08	813
7/1/08-6/30/09	924
7/01/09-6/30/10	529